



35 BROADWAY • HICKSVILLE, NY 11801-4266 • 1-800-44-SMILE

**DENTAL PROGRAM
FOR
NEW YORK WOMEN IN COMMUNICATIONS, INC.
AND THEIR FAMILIES**

<u>DENTAL PROCEDURE</u>	<u>PATIENT FEE</u>	<u>*PREVAILING FEES OF NY DENTISTS</u>
PREVENTIVE DENTAL CARE		
Examination (initial)	NO CHARGE	\$102.00
X-Rays –Full Series	\$58.00	\$170.00
Cleaning-Prophylaxis	\$58.00	\$135.00
Consultation	\$58.00	\$150.00
Emergency	\$58.00	\$141.00
Sealants (per tooth)	\$49.00	\$ 78.00
CORRECTIVE DENTAL SERVICES		
Fillings		
1 Surface Silver/White	\$63.00/\$67.00	\$200.00/\$200.00
2 Surfaces Silver/White	\$97.00/\$100.00	\$250.00/\$265.00
3 surfaces Silver/White	\$121.00/\$124.00	\$300.00/\$307.00
ORAL SURGERY		
(Local Anesthesia Only)		
Surgical Extraction	\$110.00	\$415.00
Soft Tissue Impaction	\$201.00	\$450.00
Partial Bony Impaction	\$245.00	\$600.00
Full Bony Impaction	\$345.00	\$650.00
ROOT CANAL THERAPY		
1 Canal (Anterior)	\$349.00	\$975.00
2 Canals (Bicuspid)	\$389.00	\$1,075.00
3 Canals (Molar)	\$499.00	\$1,325.00
PERIODONTICS		
Gingivectomy (Per Quadrant)	\$155.00	\$695.00
Osseous Surgery (Per Quadrant)	\$690.00	\$1,200.00
Perio Scaling/Root Planing (Per Quadrant)	\$ 67.00	\$250.00
REMOVABLE PROSTHETICS AND REPAIRS		
Full Upper/Lower Denture	\$749.00	\$1,800.00
Partial Upper/Lower Denture(Cast)	\$749.00	\$1,800.00
Repair Body of Denture	\$100.00	\$200.00
Repair Tooth of Denture	\$ 67.00	\$173.00
Denture Reline	\$267.00	\$500.00
CROWN AND BRIDGE		
Porcelain Fused to Metal Crown (Individual)		
Abutment/Pontic (Per Crown)	\$667.00	\$1,400.00
ORTHODONTICS (BRACES)		
Insertion of Bands and/or Appliances	\$1,120.00	\$2,000.00
Monthly Adjustment Active & Passive (per month)	\$120.00	\$230.00
COSMETIC DENTISTRY		
Teeth Whitening Pens	\$ 19.95	\$60.00
Full Mouth In Office Teeth Whitening	\$259.00	\$1,200.00

*2006 prevailing national fee schedule 70th percentile